



ZAMBIA

U.S. Agency for International Development (USAID)
Population, Health, and Nutrition Briefing Sheet

Country Profile

Zambia's social indicators testify to the impact of years of misrule and economic decay; a poorly educated work force, widespread health problems that limit productivity, and a high population growth rate. Per capita income is now lower than it was before Zambia became independent in 1964. The country's population has more than doubled, infant and child mortality remain very high, and nationwide HIV prevalence is thought to be among the highest in the world. After years of socialism, Zambia turned toward market-oriented development in 1991, and now has a strong and sustained commitment to economic reform. About half the population is concentrated in a few urban zones strung along major transportation corridors.

USAID Strategy

USAID's strategy continues a firm commitment to assist the Government of Zambia in implementing health sector reform and follows specific priorities expressed in USAID's common agenda with the Government of Japan, particularly in child survival and HIV/AIDS prevention. USAID and its partners support the development of improved policies and practices in health care financing, decentralization, human capacity development, and the promotion and standardization of services. USAID continues to promote the *Zambian Integrated Health Package* as an effective and affordable minimum package of integrated services, and supports the development of neighborhood health committees and nongovernmental organizations (NGOs) as effective means of community participation.

Major Program Areas

Promotion of Family Planning. USAID assists the Ministry of Health and partners in the private sector to improve quality of family planning services and stimulate demand among the population. USAID's community-based strategy includes training community sales agents for condom social marketing and support for NGOs that promote the formation of local community-based peer groups that address family planning issues.

Child Survival. USAID supports the health reform process in Zambia by developing cost-effective and affordable preventive and curative services. The agency supports child survival activities by private voluntary organizations and NGOs that focus on case management training, improving access to malaria drugs and treatment, and facilitating polio eradication in Zambia.

HIV/AIDS Prevention. USAID supports a reduction in the incidence of HIV transmission through activities that change risk behavior among specific target groups, including health education, clinical control of sexually transmitted infections (STIs), and HIV testing and counseling. The agency also supports the promotion of appropriate responses to the HIV/AIDS pandemic by key policy makers.

Results

- Increased coverage of the complete set of recommended immunizations from 67 percent of children in 1992 to nearly 80 percent in 1996, one of the highest levels in Africa. Polio eradication efforts have succeeded in pushing polio coverage to as high as 90 percent of children under five.
- Increased use of modern methods of family planning, from 9 percent of women of reproductive age in 1992 to over 14 percent in 1996.
- Sales of over 30 million Maximum™ brand condoms since 1993, attaining one of the highest per capita levels of condom sales in Africa. USAID now also supports marketing of the female condom, vaginal foaming tablets, and Safeplan™ oral contraceptives, and is promoting the availability of the injectable contraceptive Depo-Provera™ in urban and rural clinics.

Success Stories

In 1997, Zambia launched a National Health Care Financing Policy, which provides a firm financial structure and uses market mechanisms. USAID played a key role in developing this policy and specific



Bureau for Africa

U.S. Agency for
International Development

1300 Pennsylvania Ave, N.W.
Washington, DC
20523-3600

Tel: 202-712-0540
Fax: 202-216-3046

E-mail:
africawb@rrs.cdiie.org

Website:
www.info.usaid.gov/regions/af

guidelines to ensure that the cost-sharing revenues will be used locally. In 1997, several districts already reported collecting up to 25 percent of their annual budgets through cost-sharing revenues, thereby increasing the sustainability of community-supported health services delivery.

Zambia is the first country in the world to implement the Integrated Management of Childhood Illness Initiative, and has trained staff nationwide to improve case management of childhood illnesses. In demonstration districts, the proportion of trained health workers that correctly treat fever—indicative of malaria, Zambia's number one child-killer—two to four months after training, rose to 94 percent in 1997.

USAID is helping to reduce vitamin A deficiency in Zambia by supporting improved policies and accelerated distribution of supplementary vitamin A capsules during National Immunization Days (NIDs). According to Ministry of Health statistics, in 1997, more than 91 percent of children younger than five years old received supplementary capsules during the NIDs. A national campaign to promote vitamin A supplementation on a routine basis was launched in March 1998. Meanwhile, a public/private initiative promises to help Zambia become the first country in sub-Saharan Africa to fortify all domestically produced sugar with vitamin A. The combined impact of these strategies is expected to reduce by half the levels of moderate and severe vitamin A deficiency in Zambian children by the year 2000.

Continuing Challenges

USAID assistance to Zambia is designed to consolidate and build on enormous gains from sweeping economic reforms, many of which USAID was instrumental in bringing about, while meeting difficult challenges in democracy and governance, basic education, and population and health. With the public health and education systems in shambles, social sector reform is now crucial to Zambia's future development, and the Government of Zambia is undertaking appropriate reforms to improve service delivery and quality, and encourage community participation and ownership. USAID will continue to provide key support to Zambia's innovative program of decentralized and integrated service delivery systems, which promote quality, accountability, and cost-effectiveness.



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Washington, DC
20523-3600*

*Tel: 202-712-0540
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africawb@rrs.cdie.org*

*Website:
www.info.usaid.gov/regions/afr*